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THE

MONTREAL MEDICAL GAZETTE,

BEING A

MONTHLY JOURNAL OF MEDICINE,

AND

THE COLLATERAL SCIENCES.

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

VOL. I. MONTREAL, MARCH 1, 1845. No. 12.

ON DIABETES MELLITUS.

BY DR. VON IFFLAND.

FEW diseases have more excited the particular attention of Physicians, and have more frequently been made the subject of particular enquiry, than Diabetes Mellitus.

It is a disease, the nature and causes of which are so obscure and uncertain, that the most accurate Physicians have been unable to determine them ; and so obstinate in its resistance to almost every mode of cure, that every means, which long experience has ever recommended, or theories suggested, have failed.

It may, however, be observed that several important circumstances, as are well known to the body of general Practitioners, induced the late Dr. Rollo, holding high rank in the Ord. Medical Department, to publish the result of his experience and observations on this interesting disease ; and whatever opinion may be entertained of his theory, till now unconfirmed by the concurrent testimony of other eminent Physicians, the well attested facts he adduces are certainly entitled to great attention, and also confer a considerable degree of value on his labour.

The symptoms which generally characterise this extraordinary disease, are, excessive thirst, voracious appetite, tongue white and moist, saliva frothy and sweet, countenance florid, skin dry and cold, pulse weak ; great sense of pain after eating ; gums reddish, and bleeding from the least friction, and a *great discharge of urine*, which by evaporation may sometimes produce about an ounce and even an ounce and a half of saccharine matter to every pound evacuated, tenacious and of the consistence of wax—strongly smelling of molasses, and which extract is well known, when mixed with Nitrous Acid, to produce the Oxalic Acid, and which, in appearance, smell and taste, can scarcely be distinguished from honey. These symptoms I have, however, seen to vary much in certain cases, particularly the tongue, which is sometimes found very foul, with bright scarlet edges, and the salivary excretions,

mawkish, sweet and sour—the urine, at times, very pale, and at others, of a pale straw colour—and the skin slightly hot.

Two views generally present themselves to the Physician, viz.: the one as depending primarily on a changed process in digestion, and, the other, on a primary action and condition of the kidneys—on the former one, Dr. Rollo, depended entirely, and established his treatment accordingly; confirmed in that opinion, by the appearance of the stools, the taste of the salivary discharge,—the phenomena of the blood, and the wasting of the general system—these, he thinks, mark a general disease, depending on a changed and peculiar state of the stomach, by which sugar or matter possessing saccharine properties is copiously formed with a defect of assimilation.

The serum apparently containing less saccharine matter than the urine may depend, he supposes, on the power of the kidneys in separating saline substances; and, that the action of the kidneys becomes increased from the stimulus—the painful state of the kidneys is attributed to the long continuance of this increased action. The object of the treatment, therefore, was to destroy the saccharine process going on in the stomach—to promote a healthy assimilation—to prevent a supposed increase of absorption by the surface—to diminish the increased action, and to change the imagined derangement of the kidneys. To answer these indications, a Diabetic patient, of high military grade, appears, with all the symptoms of the disease,—a diet of animal food was strictly enjoined—total proscription of every vegetable substance, —a drachm of Potassæ sulphuret to be taken daily—the skin to be anointed with Hog's lard—exercise to be avoided—antimonial wine with opium to be taken at night—an ulceration, about the size of half a crown to be formed opposite to each kidney—and, the bowels to be kept open by Aloes and Soap. This plan was pursued, with some trifling variations, for five months, when the patient was considered as perfectly cured.

This, with another case, less favorable in its result, seems to have drawn the laborious and industrious Doctor into many general and comparative inferences, and upon which were formed his practical and theoretical conclusions so far back, as fifty years. Yet, from these, we can scarcely arrive at the general conclusions of himself and his contemporary converts, *That the Diabetes Mellitus, is so far understood, as to be successfully cured.*

From the experiments, however, of the late Mr. Cruickshank on sugar, and even of Abernethy, we are led to the utility of the remedies employed on Dr. Rollo's principles, and particularly, such pure Alkalies as cannot but counteract the formation of saccharine matter in the stomach; and, the necessity of a diet, consisting entirely of animal food.

The most respectable Reviewer, at the time Dr. Rollo's work was submitted for his critical analysis, expressed a conviction, that the Doctor's history of the disease was, undoubtedly, the best and most accurate that we were in possession of. The circumstances, whether making for, or against the author's theory, are related with the greatest fairness and candour. Relying on this disposition, then, we shall not scruple to confess, that, notwithstanding the variety of the facts, and the great probability they undoubtedly afford to the theory, we feel

considerable difficulty in according with his opinion. We are far from thinking that the question, respecting the primary seat of the disease, is satisfactorily determined, in favor of either hypothesis. Many facts, and much attentive observation are wanting to decide this point. From the most attentive consideration of all the circumstances, the weight of evidence appears to lean in favor of the supposition of Diabetes depending on a primary affection of the kidneys ; others, no doubt, as facts happen to strike them, will join the author in his conclusions. The final determination of the question must still remain *sub judice.*

That there is considerable affection of the kidneys in all instances of the disease, has been allowed. (In two post mortem examinations, wherein I chiefly directed my attention to the state of the kidneys, I found them much enlarged and lax and also, producing a strong sour smell.) The intimate connexion of the stomach and kidneys is well established, and, that an affection of either should occasion irregularity in the action of the other, can be easily conceived. So far, therefore, the irregularities of appetite and digestion, may as well depend upon kidney affection, as the contrary. The dry tongue, and other marks of increased action in the system, are also referable to a morbid state of the kidneys ; and this could not be inconsiderable, if it was sufficint to excite pain, and a sense of uneasiness, not in the loins only, but through the whole course of the urinary organs. With respect to the production of Sugar in Diabetes, the question is, where is it formed ? If in the stomach, then ought it to be evident in what is thrown up, at a certain stage of digestion ; which has never been shewn. If the kidneys merely separate it from the blood, along with the other saline matter, the serum of the blood should shew it more strikingly than it ever appears to have done. There can be no difficulty in supposing the kidneys capable of forming or secreting sugar, under a peculiar action. We find the breasts separating, or rather forming this substance copiously : it is not probable, as has been supposed, that the milk is a portion of the Chyle merely, for milk is secreted freely long after eating ; and, there is a considerable difference in the properties of the two fluids. Is not the milk of carnivorous animals as sweet as that of the herbivorous tribe ? Is a diseased state of the kidneys ever produced by large quantities of sugar being taken as food, as is the case in the West Indies—and, does the urine in such cases contain sugar. These questions, if answered, would probably throw some light on the subject.

I have so far extended my observations—observations, for which in a great measure, I remain indebted to others. It is, however, a disease so fatal in its consequences, and so baffling to the application of the attributes of our exalted Science, that I almost despair of offering any strictly remedial suggestions. Yet, this extraordinary disease having proved fatal to a very near friend,—a personage, the most illustrious and popular throughout the British nation, my attention has been engaged for upwards of twenty-five years upon the subject.

I shall now proceed to offer one or two cases, out of a great number which have fallen under my immediate care—and bearing as nearly as possible to the indications of a favorable result. These, I shall also premise by a few observations.

(*To be continued in our next number.*)

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—In compliance with your request, I have the pleasure of furnishing you with notes of two cases of Ramollissement of the brain, which I related at a meeting of the Medico-Chirurgical Society. The subject is one full of interest, and still in much obscurity, although considerable light has been thrown on it, by the researches of recent pathologists.

I am, Gentlemen,
Your obedient Servant,
J. CRAWFORD, M. D.

St. James' Place, 20th Feb. 8145.

Mr. C. a young gentleman 17 years of age, tall and thin, of particularly quiet and temperate habits, and generally in the enjoyment of good health ; but occasionally liable to headach : received a blow on his forehead, from a light piece of wood, which was swinging from a part of the apparatus in a Gymnasium, on the 17th of January last.—He felt slightly stunned for the moment, but was not knocked down; a headach followed immediately afterwards, to which he did not pay much attention ; next day (although the headach still continued,) he visited the gymnasium, but did not feel himself equal to take part in the amusements ; on the 19th he went for a short time on snow shoes ; the exercise, however, increasing the headach, he soon returned home. On the 20th he took a dose of salts, which he supposed turned his stomach, as vomiting came on, and returned at intervals during that day ; next morning, the headach continuing with irritability of stomach, I was desired to call and see him ; he then complained of headach, principally in the forehead, and left temple, of a throbbing character, aggravated by even a slight noise, intolerance of light, and some degree of nausea, skin cool, pulse 60 small, pupils natural, countenance not indicating any suffering, and free from flushing, or unusual heat. He got calomel grs. X, and was desired to apply cold water and vinegar to his forehead ; 22nd, did not sleep much in the night, the headach and pulse as before. Infus., Senna-c., Mag. sulpt. oz. ij., 2nd quaque hora ad effect, applic hirudines vi. tempori sinistro, et vesicat, nuchœ ; 23rd, some relief from the headach, which was only transient, pulse 60, repetantur hirudin 12. tempori ; the calomel in doses of gr. vi. was ordered every 4th hour, his hair to be cut short, and the cold applications continued, as the temperature of the head was rather above the natural standard; no febrile indications, nor thirst, countenance at ease, pupils irritable, but not contracted, felt his head light, and himself weak, when he got out of bed ; 24th, passed a quiet night, but did not appear to sleep much, pulse only 46, small, weak and unequal, skin cool, headach as before, bowels confined. Doctor Campbell saw him with me to-day. Several attempts were made to get blood from his arm, but in consequence of the smallness of the veins and languidness of the circulation in the superficial vessels, scarcely any was got; in like manner opening the temporal artery was in a great measure ineffectual, leeches were repeated to the head, which was shaved ; sinapisms to his legs, and the calomel continued every three hours, with small quantities of nitrate of potash, a drop of cro-

ton oil was also given, which freely opened his bowels ; 28th, there was little change during the day, in his symptoms, or treatment, his pulse being about 60—the heat of his head and intolerance of light rather increased, the calomel, leeching and cold applications were persevered in ; 26th, he appeared much better, some saline aperient medicine being all that was given to-day; in the night he was worse, head hot, face flushed, raved occasionally. 27th, pulse 60, unequal and small, pupil contracted, face flushed ; could not make known his wants so readily, and complained that he forgot words,—several sinapisms were applied to his limbs, and while they were being taken off, he had a short but strong rigor, the calomel in doses of a scruple every four hours, and the leeches to be repeated as before; during the day he lost the power of articulation, although he was, however, perfectly intelligent, and understood, and did every thing required of him ; he also appeared to lose the power of protruding his tongue, although he moved it freely in his mouth, a slight convulsion of the muscles of the left side of his face appeared for a short time,—the pulse rose to 100, and became fuller, the circulation in the temporal artery strong,—36 leeches had been applied, during the course of the day ; about ten ounces of blood were now taken from the temporal artery—these means appeared to produce a decided good effect, pulse fell to 80, and assumed a more natural character ; he slept better during the night, and next day he appeared to be going on well, and in the evening was so much improved, that good hopes of his recovery were entertained, when about 11 o'clock p. m. he was seized with a violent convulsion, after which his right side became hemiplegic, and for some time the flexors of the right leg were in strong spasm, causing him much distress, he slept little during the night, vomited several times a quantity of green fluid, and passed his motions under him, hiccup occasionally troubled him, some thirst, pupils rather dilated; he still however appeared conscious, and sensible ; during the night a sinapism was put on the epigastrium, and blisters on the temples. He continued much in the above described condition, till 5 p. m. of the 30th, when he died.

On opening the calvarium, the vessels of brain were found very turgid with blood, and a considerable effusion of lymph appeared under the arachnoid membrane, which in several limited places had a puriform appearance ; the substance of the brain was generally firm, and very vascular, the ventricles did not contain any unusual quantity of fluid ; about two ounces of bloody serum escaped when the brain and cerebellum were removed from the cranium ; in the left anterior lobe of the cerebrum, a large reddish brown mass resembling in colour port wine was observed, the substance of the brain in immediate contiguity being soft, and streaked of different colors, varying between yellow, reddish, and the natural appearance. The red mass which on a superficial view appeared like a clot of effused blood, on closer inspection, proved to be blood still confined to the vessels, which when torn, gave out their contents, in minute drops ; the mass appeared also capable of being (as it were) unravelled, not unlike the substance of the testes.—The preparation when put into spirits, lost much of the character of ramollissement, but still retains many interesting and distinctive characters. Surrounding the red or brownish mass, several portions of the brain are occupied by petechial or haemorrhagic patches, like purpura

haemorrhagica, the vessels still confining their contents and showing thro' the white medullary substance, others appear to exhibit a granular appearance. The lower surface of the affected portion of the brain which rested on the sphenoid and frontal bones, felt soft to the touch, like as if an abscess occupied it, and a spot of puriform looking effusion, larger than those on the superior surface of the hemispheres, was observed under the arachnoid in the sulcus, which divides the left anterior from the middle lobe.

We have in the above case a most satisfactory proof of the occasional origin of ramollissement in acute inflammation; the direct and immediate consequences of the injury (altho' slight) continuing their fatal course, till the autopsy exhibited unquestionable pathological evidences of arachinitis, as well as of ramollissement of the substance of the brain, these conditions were not indicated by the character of the pulse, or animal temperature, which if depended on as diagnostics would not have suggested a sufficiently active antiphlogistic plan of treatment.

A case of a more chronic character occurred a few years ago in a man about 30 years of age, stout and full person, and short neck, the purser of a steamboat, steady and temperate in his habits. He had been subject to Epileptec attacks for five years, which was an hereditatary complaint in his family ; 7 or 8 months previously to his death, he had suffered much from a severe and constant headach, principally in his forehead and temples, and for the last four months, his eye sight had been failing, the left eye being first affected ; about a month after he observed his sight failing, his hearing also became dull, these affections were both subject to occasional exacerbations. At the time I first saw him, he could scarcely make his way from the defect of his sight, and he was so deaf that he required to be spoken loudly to, in order to make him hear; his gait was tottering, his countenance dejected and stupid looking, brows frowning, his memory considerably impaired, and he found much difficulty in recollecting words, often using wrong ones, of which he was fully sensible, pulse and respiration natural, no throbbing of the temporal arteries, nor apparent determination to the head, appetite good, and his tongue clean.

The impossibility of his making himself understood, obliged me to learn his history from one of his relations, when I found he had been under an occasional, but inefficient treatment. He was freely cupped, and took an alterative, apparently with manifest benefit. This treatment was only repeated three times, when he found his headach nearly quite gone, his hearing much improved, and his sight so good, as to enable him to distinguish letters, for some days subsequent to this, the treatment was discontinued, when his symptoms becoming worse, it was again had recourse to, with the same marked beneficial effects, and he was so much improved, that on the night previous to his death, (about a fortnight after I first saw him,) he played cards with his family the whole evening, and *also indulged in a hearty supper of beef steaks.* In the night he was seized with severe pain in his head, which continued during next day, accompanied by vomiting; his temporal artery was opened, and an emetic given, with slight benefit; towards evening he grew worse and became in some degree insensible,

the cupping was repeated, and sinapisms applied to his legs.—He died a few hours after, without a struggle.

The autopsy showed the vessels of the brain and meninges, very turgid with blood, a small spiculum of the bone was attached to the falx, about two ounces of fluid in the lateral ventricles, the right one being much distended, the pes hippocamp of that side hypertrophied apparently to twice its natural size. The left anterior and middle lobes of the brain very soft, and of a mixed reddish color, like some putrid muscle, the cortical and medullary portions being in a great measure blended, or confounded together; the convolutions of these lobes appeared separated and unravelled. A portion of the diseased anterior lobe pressed on, and appeared, united to the decussation of the optic nerves, a small hydatid was found in the substance of the posterior lobe.

It is curious that with the extensive ramollissement which existed, there was neither convulsion, nor paralysis of any of the muscles, with the exception of the general tottering, which was only occasional, the difficulty of expressing himself depended entirely on the defect of memory—which was a remarkable phenomenon in both of these cases.

MESMERISM—MISS MARTINEAUS'S CASE.

[The following, from the London Lancet, exhibits the opinion of the editor of that work respecting Miss Martineau's case, and also a portion of her own statement.]

"After the unequivocal, and almost unprecedented, exposure to which the fraud of mesmerism was subjected, under our own immediate guidance and inspection, we did not consider that it would again be necessary to notice such a piece of arrant trickery and scandal in our columns; but a proper feeling of gallantry demands that we should not pass unnoticed the literary production with which that well-known lady, Miss Martineau, has favored the profession and the public, in the number of *The Athenæum*, journal of literature, for November 23rd. Miss Martineau, it appears, has long been an implicit believer in the powers of "mesmerism," and yet omitted to resort to that art for aid, although laboring, as she believed, under an incurable disease, during a confinement to her room of four-and-a-half year's duration—a circumstance which seems to us to be entirely inexplicable, and renders the statement of her sufferings for so long a period, and her firm belief in the efficacy of the remedial agency of mesmerism, utterly inconsistent and irreconcileable. If Miss Martineau had been considered to be a quack in politics and literature, her present performance might have been regarded as unworthy of attention. It might have been considered, that in producing the essay now before us, she had not manifested any unusual extravagance of thought, pretension, or feeling. But, inasmuch as she has attracted much notice, and the opinions of the world are strongly divided as to her mental and literary labors, we apprehend that her recent performance in mesmerism will be attended with a different result, and that only one opinion will, or can prevail concerning its true nature and

objects. To the sober judgment then of our medical readers, we commit the following extracts from an essay on mesmerism, by an aged maiden lady :—

"One very warm morning in August, when everybody else was oppressed with heat, I was shivering a little under the mesmeric influence of my mind—the influence, in those days, causing the sensation of cold currents running through me, from head to foot. 'This cold will not do for you, ma'am,' said M. 'O!' said I, 'it is fresh, and I do not mind;' and immediately my mind went off to something else. In a few minutes I was surprised by a feeling of warm water trickling through the channels of the late cold. In reply to my observation, that I was warm now, M. said, 'Yes, ma'am, that is what I am doing.' By inquiry and observation, it became clear to me, that her influence was, generally speaking, composing, just in proportion to her power of willing that it should be so."—*Athenæum*, No. 891, pages 1071 & 1072.

"As the muscular power oozes away under the mesmeric influence, a strange inexplicable feeling ensues of the frame becoming transparent and ductile. My head has often appeared to be drawn out, to change its form, according to the traction of my mesmerist, and an indescribable and exceedingly agreeable sensation of transparency and lightness, through a part to the whole of the frame, has followed.—Then begins the moaning, of which so much has been made, as an indication of pain. I have often moaned, and much oftener have been disposed to do so, when the sensations have been most tranquil and agreeable. At such times, my mesmerist has struggled not to disturb me by a laugh, when I have murmured, with a serious tone, 'Here are my hands, but they have no arms to them:' 'O dear! what shall I do? here is none of me left!' the intellect and moral powers being all the while at their strongest. Between this condition and the mesmeric sleep there is a state, transient and rare, of which I have had experience, but of which I intend to give no account. A somnambule calls it a glimmering of the lights of somnambulism and clairvoyance. To me there appears nothing like glimmering in it. The ideas that I have snatched from it, and now retain, are, of all ideas which ever visited me, the most lucid and impressive. *It may be well that they are incommunicable*—partly from their *nature* and *relations*, and partly from their *unfitness for translation into mere words*. I will only say that the condition is one of no 'nervous excitement,' as far as experience and outward indications can be taken as a test. Such a state of repose, of calm translucent intellectuality, I had never conceived of; and no re-action followed, no excitement but that which is natural to every one who finds himself (query, *herself*) in possession of *a great new idea*."—*Idem*, page 1072.

[The following letter from Dr. Robert Hull, of Norwich, where Miss M. resides, has more recently appeared.]

"This admired writer has, however, thought right to announce her case publicly as one of successful mesmerism—and the interests of truth and society compel the antagonists of this medical heresy to analyze, so far as possible, the history, and falsify the conclusion, that, because the patient is well, the mesmeric aura hath effected her cure. Now, although the laudable delicacy of this extraordinary lady hath

suppressed the details of her malady, yet I have a right to assume that the circulated whispers were well founded, and that the malady was abdominal tumor. Here (in Norwich) this celebrated author is so well known that her age can be no secret ; and her amiable and simple character would render her careless to conceal it. And she will not be surprised, therefore, nor angry, if she is told, that she has been laboring under the climacteric disorder of her sex ; that this often produces a physcony of the abdomen, with oppression and universal languor ; that in such circumstances the single woman is terrified with ideas of cancer, dropsy and organic diseases ; the married lady fancies she is about to multiply the species, and her fond husband provides a doctor and the nurse. A case of this kind is reported in the person of a Mrs. Trunnion, by Dr. Smollet ; and instances of the first-named deception in spinsters are daily occurring. But nature goes through her proceedings ; the abdominal tumefactions subside ; and when the climacteric period has passed, women often enjoy better health and longer life than the other sex. In this particular case of our popular townswoman let not the mesmerizer triumph ! The success was due to the natural process, aided by the vigor obtained from faith and hope. Hence energy, exercise, air, *omission of opiates*—and it seems to me that this delightful result would have been earlier effected—I mean the natural cure—had not the patient become, from her own confession, a complete opium-eater. She had poisoned herself for years with this exterminating drug. To conclude : my firm persuasion is, that this vaunted case is one of thousands, in which the mind has relieved the body from *functional*, not organic, disorders ; while ladies of a particular age will do well *not* to applaud Mesmer for the cure of their peculiar symptoms, which time and the physician will generally cure, unless baffled by pernicious treatment ; and that young ladies should be especially careful to eschew this revived foolery, which in many instances hath created, instead of relieved, tumors of the abdomen."

A MESSIEURS LES ÉDITEURS DE LA GAZETTE MÉDICALE DE MONTRÉAL.

MESSIEURS,—Sachant par avance, votre obligeance à élucider tous les sujets d'embarras professionnels qui vous sont soumis, je prends aujourd'hui occasion de soumettre à l'impression, dans votre intéressant Journal, les quelques réflexions suivantes, en vous priant de donner toute l'expansion possible à chacune de vos remarques ; si toutefois vous trouvez la teneur de cet écrit digne d'insertion.

Vous obligerez, infiniment
Votre obéissant serviteur,
ED. BOUDREAU, M. D.

1°. Que doit faire l'accoucheur dans une présentation du bras, en totalité, hors de la vulve, avec portion du cordon ombilical, lorsque les contractions utérines se succèdent bien rapprochées et que la femme a sa pleine vigueur.

2°. L'accoucheur doit-il temporiser pendant huit à neuf heures

dans l'attente de quelque changement dans la présentation, ou procéder à l'accouchement *par version*, après ample connaissance de la position fœtale in-utero, surtout à la suite d'une hemmorrhagie abondante ?

3°. Des suites d'une hemmorrhagie d'environ trois livres, s'opère-t-il un relâchement dans l'appareil musculaire de l'Uterus ? et de là n'est-il pas à présumer que le col utérin soit assez dilaté ou dilatable, pour permettre l'introduction de la main, et tenter de suite la version ?

4°. N'est-ce pas de l'impéritie ou du cynisme le plus grossier, que de décider d'accord avec une sage-femme, qu'il n'y a que la *Craniatomie* ou le démembrement de l'enfant, dans un cas de cette nature après avoir épuisé, suivant eux, toutes les autres ressources que fournit de nos jours, la science des Accouchemens ?

Ne se croit-on pas, pour un instant, à de telles suggestion, au centre de l'ignorance la plus littérale des vieux siècles, où l'on n'envisageait qu'avec effroi une telle présentation, et persuadés qu'on ne pouvait délivrer la femme sans mutiler le fruit, on tordait, on morcelait inhumainement l'extrémité dans son articulation ?

5°. Je vous demanderai s'il est logique de croire et de décider que la Craniatomie soit faisable dans une présentation du bras ?

6°. Peut-on redouter des suites fâcheuses, résultant de la version, lorsque les manœuvres ont été des plus soignées, l'accoucheur n'opérant les évolutions *in utero*, que d'après l'asurance de la malade elle-même, qu'elle ne souffrait nullement et qu'elle avait toute la force nécessaire ?

7°. Peut-on présumer une rupture de l'Uterus, lorsqu'après être débarrassé de son contenu, il y a parfaite contraction dans tout le globe uterin, la manipulation en donnant la certitude ?

8°. Ne doit-on pas avec plus de raison appréhender les suites de couche, comme cause mortelle, la malade étant couchée dans un appartement bien froid, pâle, froide et vertigineuse sans douleurs aucunes ?

9°. Etait-il prudent d'administrer des opiates dans l'état precité de la malade, et de l'abandonner ainsi aux soins de gens sans expérience, sans restaurants quelconques ?

Quels dangers peuvent résulter d'une mauvaise administration d'opium dans des cas d'inertie de l'Utérus ?

Malbaie, ce 11 Février 1845.

A Ed. Boudreau Ecuier, M. D.

Monsieur,—En réponse à votre communication contenant plusieurs interrogations en référence à ce que l'accoucheur doit faire dans un cas de " présentation du bras en totalité hors de la vulve " avec protrusion du cordon ombilical " etc. etc.

Nous avons a remarquer que toutes les autorités de renommée disent qu'il faut délivrer par les pieds, et cela aussitôt que possible,

surtout si la pulsation du cordon est encore sensible. Mais nous présumons d'après les faits contenus dans vos interrogations que non seulement la pulsation dans le cordon avait cessé, mais aussi, les eaux avaient été entièrement évacuées, en autant que vous ajoutez que " les contractions utérines se succèdent bien rapprochées." Il est un fait à l'égard des contractions utérines dans tels cas, c'est que l'utérus n'étant plus distendu par la liqueur amnii, il reste, dans un état de forte contraction, même pendant les intervalles des douleurs contractiles.

Denman en 1772 a remarqué que dans certains cas rares il arrivait ce qu'il nomma " l'évolution spontanée du Fœtus " par lequel dans un cas de présentation du bras les fesses descendaient dans le bassin; et plus récemment en 1811 le Docteur Douglas a fait la remarque, et le Dr. Gooch l'a plus récemment corroborée que " l'évolution spontanée, " de Denman est plutôt une " expulsion spontanée," car ils disent que dans tels cas le bras ne monte pas, au contraire, il avance aussi bien que l'épaule sous l'arcade pubienne, le côté du thorax se forçant sur le perinée " et se montrant de plus en plus extérieurement," et qu'enfin " le côté du thorax, de l'abdomen, et des fesses passent l'un après " l'autre, faisant une glissade énorme sur le perinée, jusqu'à ce " que les fesses et les jambes furent complètement délivrés." Mais aussi faut-il bien se garder de ne pas trop se fier à tel évènement, même là où l'opération de tourner l'enfant serait difficile ou même dangereux, car il ne faut jamais se dispenser d'en faire l'essai, tant que la situation de la femme le permettrait. " L'expulsion " spontanée est toujours plus ou moins dangereuse à la mère, " et presque certainement fatale à l'enfant." Si, comme dans le cas que vous citez dans vos interrogations, il y a non seulement prolapsus du cordon, mais aussi une hémorrhagie abondante, le temps devient précieux, et l'accoucheur devrait procéder sans délai à chercher les pieds—mais en faissant cela, il ne faut pas qu'il essaie à remonter le bras—encore moins sera-t-il nécessaire de l'amputer à l'épaule.

Quand àvotre interrogation en rapport à l'opération de " *Cra-* " *niotomie*" dans un cas de " présentation du bras, en totalité hors de la vulve, nous ne pouvons pas en concevoir la possibilité.

Ce qui nous semble assez semblable à votre cas, en en exceptant l'hémorrhagie, est ce que dit le Dr. Merriman. "Il pourrait se faire, " que les eaux ont été évacuées bien de bonne heure, que l'os uteri " est plus ou moins dilaté et que les douleurs sont fréquentes, et bien " fortes. Dans de telles circonstances il serait probablement inutile " de tenter l'opération de tourner, et l'essai serait accompagné " de grand danger pour la mère. Alors il ne reste rien à faire que " de guetter la malade attentivement, et d'attendre ou jusqu'à ce " que l'utérus s'étant épuisé par de vains efforts à expulser l'en- " fant, devient torpide, et incapable de s'exercer d'avantage ; ou " il faut diminuer la vigueur du système par la saignée et autres

" moyens déplétants, ou diminuer l'action utérine par une forte " dose de Laudanum." Le Dr. Hamilton recommande ce dernier moyen, et donne 80 gouttes pour une dose. Mais si, en conséquence de l'empactement de l'enfant, ou de la rigidité des parties de la mère, et si surtout celles-ci deviennent enflées et enflammées ; si les efforts de la mère deviennent épuisées, et que la faiblesse survienne ; si l'essai de tourner l'enfant a été tenté judicieusement sans effet, il ne nous reste pour choixque l'opération *d'Embryotomie.*

Par ces remarques nous croyons avoir répondu à ce qui regarde spécialement le cas en question, quand à votre 7ième interrogation la contraction de l'utérus est ce qui arrive toujours après sa rupture, si en même temps il se débarrasse de ce qu'il contenait— mais aussi la rupture est-elle bientôt reconnue par des symptômes décisifs, tels qu'une douleur accompagnée d'une agonie particulière immédiatement suivie d'une hémorrhagie et d'une cessation subite des tranchées.

EDS. G. M. M.

MESSIEURS LES EDITEURS,

Si l'observation pathologique suivante mérite la publication, vous en avez le plein pouvoir. Je prie seulement les lecteurs d'avoir l'indulgence d'en excuser le style.

Le 5 Juin 1844 vers 2½ heure P. M. je fus appellé auprès d'un individu du nom de Flood, agé d'environ 50 ans, demeurant à environ une demie lieue de chez moi. C'était un homme d'une haute stature et d'un temperament sanguin. Je le trouvai couché en supination, ne pouvant à peine parler, tant sa respiration était génée. Il me dit avoir été battu la nuit précédente par un certain M....., dans une taverne. Il me montra d'abord des plaies à la tête, au nombre de deux, l'une vers l'angle antérieur et supérieur du Coronal gauche l'autre du même côté près la fontanelle postérieure. Ces solutions de continuété avaient été produites, disait-il, par des coups de bayonette. Il y avait lacération du cuir chevelu seul. Ces déchirures n'indiquaient aucun danger, aussi furent elles guéries en peu de jours par le traitement le plus simple. L'inspection du pouls montrait quelque chose de grave. Il était vif dur et très élevé. La face était animée, la conjonctive injectée et les yeux saillants, la langue couverte d'un enduit blanc et très épais elle était rouge sur les bords et très pointue, la soif cependant était modérée. Il avait grande peine à respirer, son expression était " qu'il étoufait." Il me dit avoir reçu des coups dans la poitrine et l'abdomen, et qu'il croyait avoir des côtes fracturées. En écartant les couvertures, et voulant le palper, j'observai un emphysème général du côté gauche du thorax et l'abdomen, s'étendant depuis un peut plus haut que la clavicule jusqh'à la

ligne blanche. J'ordonnai au patient de se lever, il ne le put seul il fallut l'aider, ce mouvement le fit souffrir beaucoup et augmenta la dyspnée. L'emphysème en arrière occupait tout le dos depuis la base de l'occiput jusqu'au sacrum. Je fis toutes les investigations possibles, pour m'assurer s'il n'y avait pas fractures des côtes. Toutes mes recherches furent vaines. Les côtes étaient à l'état normal. Poussant mon examen plus loin, j'apperçus plusieurs contusions et ecchymoses sur le thorax et l'abdomen, sans pouvoir me rendre compte de l'emphysème. Enfin je vis près de l'insertion du grand pertoral gauche, un petit caillot de sang que j'enlevai incontineut. Qu'elle ne fut pas ma surprise, d'appercevoir une plaie triangulaire de la forme d'une bayonette, par laquelle s'échappa avec bruit une grande quantité d'air. Depuis cette ouverture jusqu'au mamelon, l'emphysème était plus considérable, la pression plus douloureuse, et le creptus produit par l'infiltration de l'air dans le tissus cellulaire, était plus marqué qu'allieurs. Une sonde ordinaire, que j'introduisis dans toute sa longueur laissa échapper une grande quantité d'air avec beaucoup de bruit. La direction que prit ma sonde était de gauche à droite, de dehors en dedans et de haut en bas. Je craignis d'employer une sonde plus longue, en égard à l'hémmorrhagie que j'aurais pu produire.

Mon diagnostic fut que le parenchyme du poulmon avait été lézé et que quelques divisions des bronches avaient été perforcés.

Le pronostic était facheux.

Le traitement que j'employai fut on ne peut plus antiplogistique comme on peut le penser. Je débutai par une saignée copieuse, jusqu'a syncope. Je donnai le sulp magn ; Le nit pot ; enfin tous les raffraichissements ; j'ordonnai la diète la plus abstème. Je tins la plaie extérieure béante au moyen de tente. Je prescrivis la pression extérieure au moyen d'un bandage en doloir.

6 Juin. Je reiterai la seignée par d'eux fois, j'augmentai la pression, prescriptions raffraichissantes telles que la veille.

7. L'emphyseme avait considérablement diminué, la respiration était plus libre, les symptômes généraux améliorés,—même traitetement sauf la saignée.

8. Amélioration générale plus marquée,—même traitement.

9. Mieux plus tranché encore, seulement, il y avait eu pendant la nuit insomnie et frissons. Je donnai un anodin et des antimoniaux.

Du 10 au 16 les symptômes inflammatoires et l'emphysème, disparaissent tous les jours par dègré, je suspendis lde même, e regime antiplogistique, car le malade était très réduit.

17. Le malade étant parfaitement rétabli, il reprit ses occupations usuelles (celles d'armurier.) Je cessai de le voir et il partit bientôt après, pour le haut Canada, en parfaite santé.

T. KIMBER.

Chambly, 20 Février 1845.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Having observed in the 11th number of the Medical Gazette, "some remarks on Bronchoceleor Goitre" which you have transferred from the pages of the London and Edinburgh Medical Journal ; I take the liberty of noticing an assertion therein which I conceive is not supported by facts, and which if permitted to occupy your pages unnoticed would be tacitly admitting its correctness and giving it confirmation and authority. I allude to the statement that this "unsightly disease" "has in consequence of the clearing of the woods, *entirely disappeared* from certain parts of North America," where it had previously greatly prevailed, upon which assertion the author bases a novel opinion as to the origin or cause of the malady. It would be a very unnecessary waste of ink and time, to tell you or your readers, that our good City and other populous towns and "clearances" of North America still exhibit very numerous and aggravated cases of "the unseemly malady," and that many of these cases (even at the present day,) originated in immigrants from the "Old World," after their arrival here, who have from the first located in our Cities, and have never exposed themselves to any of the more acknowledged evils, of the primeval forest ; I therefore think the author must look to other causes before he is likely to discover the unknown source of this malady, its prevalence in "Merry England," on the summits of the Alps, or on the Hymalayha Mountains, as well as in Southern or Northern America, refute the idea of its dependence on the damp and close atmosphere of the forest. I shall pass over the fancied connection between Goitre and Rheumatism, which the author notices, as I have not remarked their association. I would however take the liberty of noticing a rare circumstance which I met with about three years ago, viz : a case of congenital Goitre, only two cases of which I can find on record. The patient was brought to me two days after birth, in consequence of a considerable tumor on the front and sides of the neck, occupying the situation of the thyroid body, the hypertrophy still remains, as nothing has been done for it, a tumor of somewhat similar character likewise arose on the mother's neck, during her puerperal state, a few months before her accouchment, which I believe has wholly or in great msasure disappeared. I notice this rather extraordinary coincidence, without in any way attempting to theorize, or speculate on these mysteries.

I am Gentlemen,
Your Obedient Servant,

J. CRAWFORD, M. D.

St. James Place, 17th Feb. 1845.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

Darby-House, Stamford, C. W. Feb. 5th.

GENTLEMEN,—I have addressed the Honorable, the Attorney General Smith on the proposed Medical Bill, now before the House, for the purpose of entreating him to delay the passage of the Bill until the next Session, when the sense of the profession can be obtained, by calling public meetings at Toronto, Kingston, and other large towns,

as in England. I have also urged the Attorney General to copy three clauses of Sir James Graham's new bill, containing the Registry, inability of non-registered Practitioners to hold Medical offices, give evidence in Courts of Law, sue for fees, penalties &c. in addition to which I have recommended that all examinations for Diplomas *be public*, as in the "Concours" in Paris, where the Candidates are compelled to perform dissections, operations, &c. on the body.

To myself individually, these changes can be of trifling importance, I should wish, however, to see in the country of my adoption, the Profession of Medicine placed on the highest pedestal of integrity, honor and skill ; but, which the present Bill, if not much altered and improved, will do little to effect.

I respectfully urge you gentlemen, to render every assistance in your power to prevail upon the Attorney General Smith to do an act of justice to the Profession, by delaying this proposed Bill.

I remain,

Yours very respectfully,

J. M. MEWBURN,
M. R. C. S. London.

We cordially agree in the suggestions of our corresponhent, but altho' we have reason to fear, that the Bill as now proposed will not be much improved this session, yet, we live in hopes, that with the establishment of a general Medical Association in Canada, all the subjects above referred to and *many others* affecting the interests of our Profession will be canvassed and settled before the next session of Parliament. Our correspondent may rely on *our* not hybernating during the interval.—*Edrs. M. M. Gaz.*

PECULIAR AFFECTION OF VISION.

BY DR. VON IFFLAND.

June 10, 1839.—J. M. The vision of both eyes is considerably impaired ; with the right eye he can read with exertion at the usual distance ; the print, however, appears very soon indistinct, but after closing the eye for some time, he again sees distinctly. With the left eye, he can discover paragraphs but not the letters. The eyes have a peculiar expression, less lively than usual. No speck nor opacity can be perceived within the cornea. The pupils appear dilated, but very slightly—they contract almost equally in both eyes on the approach of light. He feels no pain except occasionally over the right eye. He first observed indistinctness in this, about a year ago ; it began with the appearance of black spots floating before him. He has had also shooting pains of his head, principally over the eye. About four months previously to his consulting me, the left eye became affected. The right has since been better. He was obliged to leave his professional avocations, about three months since. The indistinctness of vision, has varied much on different days. He has lately had a blister to the back of his neck, and to his left temple, which produced much relief to the pains in his head, but, his sight continues as before. He

is not in general, healthy, very much subject to headach, and has complained of his bowels for many years.

11*th June*,—Appli. Front. Super cilia veiscator duo falciformia.

12th,—Thought he saw rather better this morning.

R. Sol. Tart. antim. dr. 2. aq : menth, pip. $cz\frac{1}{2}$. M. capiat ter in die.

13th.—Continues as before.

Cont. sol. tart. ant. capiat h. hor. tertiâ post merid atque iterum hor. 8va.

14th,—He feels no nausea from his medicine.

Augeatr. sol. tart. antim. gj. 3oz. capiat ut antea

16th,—Feels a little weakness for some time, after taking the medicines, but it presently goes off.

17th,—Continues the same—contr. med. et. applicetr. Vesicat, fronti supercilia ut antea.

From this day to the 21st remained much the same. Continued the medicine.

21st,—Says his left eye is much better. Contr. sol. Tart. antim.

22nd,—Not much better. Eliciantur scint. Elect. fronte et temporibus quotidie.

From this day to the 26th improved. To continue the medicine.

26th,—Nostrils very dry. Hauriat naribus omni nocte pulv. asari gra. v. contr. alia. Eliciantr. scintill. electric æ. frote et temporibus quotidie.

30th,—Is much better with the left eye, and says that he can see with it, as well as the other. Complains of soreness of his ears, throat side of his nose and cheeks, passes some blood from his nose in the morning.

Omittr. Pulv. asai—contr. sol. Tart. antim.

3rd *July*,—His sight is greatly improved, pain above his eyes has greatly abated, but maxillary and sublingual glands are much swollen and very sore. Contr. sol. Tart. antim. Repetr. Elictricit etiam.

4th,—Sees perfectly well, and can now attend to his professional avocations.

MEDICO-CHIRURGICAL SOCIETY.

8th February, 1845.

DR. CRAWFORD IN THE CHAIR.

The very interesting case of Ramollissement of the Brain, communicated by Dr. C. will be found in another part of this Journal.

The following resolutions were submitted by Dr. Badgley for the adoption of the Society, and are to be taken into consideration on Saturday the 8th March next.

I, *Resolved*, That with a view to carry out the objects originally contemplated in establishing this Society, and that the Members of the profession generally, scattered through this extensive Province, may feel that there exists a centre round which they can rally, it be proposed to the Toronto Medico-Chirurgical and the Quebec Medical Societies, that a General Association be at once formed, under the name of the "The Medical Association of Canada;" and that the mem-